

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2781

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 23

941
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 1941	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 112 CHURCH	
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			

3. NAME OF DECEASED (Type or Print) SIDNEY GORDON SIMMONDS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1953		
a. (First)		b. (Middle)	c. (Last)		

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 17, 1892	9. AGE (In years last birthday) 60	if UNDER 1 YEAR Months 11 Days 1	if UNDER 24 hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD	11. BIRTHPLACE (State or foreign country) LANCASTER VA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES BURTON SIMMONDS	13b. MOTHER'S MAIDEN NAME MARY A. ROBINSON	14. NAME OF HUSBAND OR WIFE RHODA ANN SIMMONDS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 498-01-3576	17. INFORMANT'S SIGNATURE OR NAME RHODA ANN SIMMONDS	ADDRESS BONNE TERRE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				3 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-18, 19 53, to 1-18, 1953, that I last saw the deceased alive on Jan. 18, 19 53, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23. SIGNATURE [Signature]	23b. ADDRESS 33 N. Allen, Bonne Terre, Mo.	23c. DATE SIGNED 1-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) JAN 20, 1953	24b. DATE JAN 20, 1953	24c. NAME OF CEMETERY OR CREMATORY ST. FRANCOIS MEMORIAL	24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.
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DATE REC'D BY LOCAL REG. Jan 21, 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Bonne Terre, Mo.
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MAR 2 1953

OCT 5 1954

1954

OCT 5

OCT 5 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Clarence J. Claywell

Licensed Embalmer No. *3106*

P. O. Address *Conrad Lane, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.